Attachment A

Components of Meaningful Environments and Specialized Services

A. Environments that make sense for the individual (i.e. providing meaningful support)

1. Meaningful and Individualized Training Opportunities

Training opportunities are scheduled per a consumer's single plan or family service plan across all environments and with professional and paraprofessional staff and at times with others. These should include only activities that are functional. They should also reflect the individual preferences of the consumer. For example, during scheduled communication training a consumer is learning to indicate "I want a soda". Later during a break with a different staff the individual is prompted to indicate, "I want a soda" before receiving the soda.

2. Social Interactions

Social interactions include verbal and nonverbal communication, which promotes positive relationships between people. Social interaction should occur as often as needed to insure involvement with the person's environment. This does not include demands or corrections by staff. It does include smiles, small talk, facial gestures, eye contact, and appropriate physical contact. During a training activity this can include a conversation with one or more consumers while working with another individual (while not overlooking consumers who do not initiate conversation).

3. Activities/Tasks/Work That Are Functional

Functional activities are those that are frequently required in natural domestic, vocational and community environments. For example, in the area of fine motor skills, putting a quarter into a vending machine is a skill performed frequently by persons without a disability. However, putting a peg into a pegboard is not. Therefore a pegboard task almost always is non-functional while putting coins in a vending machine is functional. Functional activities/tasks/work fit into the domains of Recreation/Leisure, Vocational, Communication, and Community Living Skills. Recreation/Leisure skills include those appropriate for such purposes in typical community settings (e.g., playing ball, watching TV, listening to music, etc.). Vocational activities include tasks that once mastered would be a skill for which the person would likely be paid to perform in a full or supported employment situation. Communication activities include those involving making one's needs and desires known. This also includes expressing oneself to others in understandable terms. It includes verbal, sign, and augmentative communication methods. Community living skills include those that would be performed for the person if they could not do it for themselves (e.g., dressing, cooking, laundry, personal hygiene, money management, bus riding/transportation).

The personal preference of the consumer should also be given priority when identifying activities to include in the person's schedule. For example, if the person dislikes clerical work then alternative functional work activities should be identified and/or developed and made available.

4. Environmental Accommodations

   Environmental accommodations are those physical adjustments to a person's living, working/training and leisure environments that facilitate adaptive functioning and support behavioral and emotional control. These include, but are not limited to, accessibility (e.g., vehicle, bathroom, building), increasing privacy (e.g., bathrooms, private bedroom), reduction in visual or auditory stimulation from others (e.g., rearranging groupings, providing separate workspaces), adaptive devices, moving to a less stressful environment (e.g. reducing the number of individuals with whom one has to interact), and avoiding routine contacts with people with whom one has a personality conflict.

5. Community Inclusion

   Community inclusion involves contributing to and receiving experiences, opportunities and services in community settings that are typically available to people without a disability. Community inclusion requires the provision of staffing and transportation as well as a plan to effectively and routinely use community services and contact with members of the community. This need for inclusion exists for individuals regardless of environment (home, community-based, residential, institutional). Such supports can be part of the "service needs" identified in the person's single plan. There is also the need to prepare individuals to adapt to less restrictive settings. To facilitate this, the current environment should provide community training and transition experiences necessary to prepare individuals to adapt to less restrictive settings. However, the best approach is often to provide the needed supports in the actual/real environment so as not to have consumers spend a disproportionate amount of time “preparing” to enter into the desired environment. Opportunities for community inclusion include but are not limited to those listed below:

   a. Experiences in small group settings.

   b. Community experiences in the areas of recreation/leisure, shopping (e.g., clothing, grocery), personal care/grooming, personal needs/desires, health care, and orientation to community options.

   c. Training designed to increase understanding and use of community services (e.g. medical care, transportation).

   d. Training and opportunities to demonstrate appropriate behavior in typical community settings, (e.g. church, movie theater, grocery store).

   e. Choices and training in choice making, as related to community services and experiences (e.g., movies, church, swimming at a local pool, visiting with friends and relatives).

6. Supervision and Accountability of Staff

   A well-designed behavior support plan is only meaningful if it is implemented appropriately and consistently. This includes training of those who implement the plan by the plan’s lead author. This same person, along with other supervisory staff

should regularly observe BSP implementation to insure that appropriate and consistent practices are implemented. Additional supervision and accountability efforts should include on-the-job training of staff, modeling of techniques and procedures, positive feedback for correct implementation, and corrective feedback with correct examples when procedures are either not implemented or implemented incorrectly. NOTE: Staff who have completed DDSN's training on positive behavioral support (5 day course) have demonstrated that they can effectively observe staff and provide appropriate positive and/or corrective feedback. Data individualized to assess the plan's effectiveness should be regularly collected, analyzed, and reported.

Whether the BSP is developed "in house" or by a contracted consultant, it is the responsibility of the DDSN/DSN program and consultant to insure that appropriate, high quality behavior supports are provided. Local provider staff should work collaboratively with any contracted providers in this effort and take all needed actions with employees and contractors in this regard.

B. Specialized Services

Appropriate medical treatment is often required, as part of a comprehensive assessment to insure that problems exhibited do not have a medical cause.

1. Medical Diagnosis and Treatment

Accurate, comprehensive medical diagnosis and corresponding treatment is a critical component of care for persons with disabilities. All individuals should be closely monitored by primary care physicians and have ready access to a wide range of consultative medical services, including but not limited to, psychiatry, orthopedics, neurology, ENT, gynecology and gastroenterology.

In addition to the primary/secondary diagnoses, care should be given in diagnosing medical conditions that may periodically occur but may not be as apparent in persons with disabilities. In diagnosing and treating any medical condition, consideration should be given to the corresponding relationship to any suspected or diagnosed psychiatric disorder or to any exhibited problem behaviors that may be a result of a medical condition or treatment. Due to the inability of many consumers to verbally express discomfort or pain, it is important that staff be trained to recognize and report signs and symptoms that could indicate a medical condition. Due to the impact that diagnoses and treatments may have on aspects of daily living activities, it is important that disciplines involved in the care of the individual be aware of any diagnosis and treatment along with the expected outcomes and possible adverse impacts.

2. Psychiatric Services

People with disabilities are at least as likely to have psychiatric disorders as the non-disabled population (e.g., anxiety disorders or affective disorders). Due to a variety of factors associated with disabilities, including cognitive and communication deficits, the successful diagnosis of psychiatric disorders is difficult when clinical symptoms of mental illness are displayed. Regardless of whether the psychiatric disorder is the primary, secondary, or undifferentiated diagnosis, an interdisciplinary approach to assessment and treatment is preferred. If a psychiatric diagnosis is made, it should be based on "clinical symptoms" identified in the current edition of the Diagnostic and

Statistical Manual of Psychiatric Disorders. In addition, because of historical difficulties in the appropriate use of psychotropic medications in the treatment of psychiatric and behavioral disorders for people with disabilities, careful evaluation of drug use is critical. Therefore, adequate psychiatric services for individuals with dual diagnoses should include, but not be limited to:

a. Psychiatric consultants with a working knowledge of developmental disabilities and a responsiveness to objective data as a primary outcome measure.

b. Psychotropic drug review processes that strive toward the use of the lowest effective dose of medication that benefits the individual based upon empirical and other available data.

c. Resources for staff training, which should include access to written materials and people knowledgeable in dual diagnosis and psychotropic medication.

3. Functional Communication Evaluation and Intervention

Based upon the strengths of the individual, a person's system of communication should enable them to have their needs met as well as facilitate the understanding of others. It is essential that a functional communication system be easily understood by others in a variety of community settings. A comprehensive communication assessment should include evaluation, observation and staff interviews in the individual's everyday environment, i.e., home, school, work, and leisure. Following assessment, training strategies should be carried over in all settings of the person's environment. Behavior problems displayed are quite likely to have a communicative purpose. In such cases, functional communication training should teach the person to get the desired outcome through the display of appropriate communication behaviors (e.g., saying "no", "I need help", "I don't want to work", or using an augmentative communication system with those words or symbols). The appropriate communication response that replaces the function of the problem behavior must provide the consumer with as much control of the environment as did the problem behavior. For example, teaching someone to say "no" in place of hitting someone to refuse a request must be followed by the delay or removal of continuing demands by staff.

4. Neuro-Psychological Evaluation

Neuro-psychological assessments by a licensed professional with the necessary specialized training should be provided to individuals who have sustained a closed head injury, a penetrating head injury, or head injury due to other causes. This will establish the rehabilitative treatment direction following assessment of learning modalities, memory function, language, behavior and emotions.

5. Psychological Counseling

Psychological counseling refers to the interpersonal interactions between a counselor and an individual that facilitate a meaningful understanding of self and environment and result in the establishment or clarification of goals and values for future behavior. Psychological counseling processes are designed to help an individual identify and gain insight into emotions, thoughts, behaviors, health, or spiritual concerns or

problems. The objective of the interaction is to help the individual achieve a reduction in personal distress and improve the adaptiveness of his or her thoughts, behaviors, and emotions. Many individuals with disabilities have adequate verbal and conceptual abilities to benefit from such therapeutic interactions, particularly when counseling is combined with other procedures derived from behavior assessment. Counseling designed to produce major changes in an individual's habitual emotional, rational, or behavioral status should only be provided by doctorate or master's level psychologists or counseling professionals with academic training and practical experience. Short-term supportive or crisis intervention counseling can be provided effectively by professional and qualified paraprofessional staff.

When psychological counseling is provided, it should be based on an assessment that identifies the issues to be addressed. Based on this assessment, measurable goals are then developed and a process specified to achieve them. Each counseling session should utilize a professionally accepted practice to address the goals and report progress. Such goal-oriented counseling should be relatively short-term with appropriate fading and ending of counseling once the goals are met.

6. Specialized Placements

In certain cases it may be necessary to provide specialized/alternative placement environments and/or services, including inter-agency agreements for individuals with needs for exceptional supports. This may include, but not be limited to services for individuals with Prader Willi Syndrome, autism, spinal cord and/or head injuries, dual diagnosis (MR/MI), severe behavior disorders, a history of felony or sexual perpetration, and deaf/blind conditions.

7. Enhanced Staffing

Staffing appropriate for safety and/or training needs consists of the staffing levels required to carry out the service plan for a given individual. There may be certain occasions where additional staffing is required, without providing one staff to one consumer in order to provide sufficient basic staffing to implement the Behavior Support Plans for the individuals in the group. Specialized needs requiring additional staff may include the areas of health, safety, and/or teaching replacement behaviors for severely inappropriate behaviors.
The use of enhanced staffing should be used only in cases where there is high risk to health/safety and as an enriched training opportunity to teach more socially acceptable behaviors that will replace problem behavior. In addition, a plan should be developed to reduce this level of supervision as soon as possible in conjunction with the purpose of the enriched staffing ratio.